

In brief

Merger of health regulatory agencies: The UK Medicines Control Agency and the Medical Devices Agency will be merged into a single executive agency from April 2003. The two agencies, responsible for the regulation of medicines and of medical devices, will combine to form a single agency responsible for both areas. More information is at www.mda.gov.uk

Suspected acute haemorrhagic fever syndrome in the Republic of the Congo: The Republic of the Congo has reported six suspected cases, including five deaths, of acute haemorrhagic fever syndrome in the Mbomo district. The cases have occurred in the same area that had 32 confirmed cases and 20 deaths from Ebola haemorrhagic fever earlier this year.

Guide for refugee doctors launched: The Jewish Council for Racial Equality and the BMA have published a guide to help refugee doctors to practise in the United Kingdom. The booklet, funded by the Department of Health, is aimed at qualified doctors from overseas who are refugees, asylum seekers, or have exceptional leave to remain in the United Kingdom. *A Guide for Refugee Doctors* is available free from the international department of the BMA.

Antibiotic prescribing to children down in US: A community-wide campaign to decrease unnecessary antibiotic use in children in Knox County, Tennessee, reduced antibiotic use by 19% in the county compared with controls. The county had a rate of antibiotic resistance to invasive *Streptococcus pneumoniae* of more than 50% (*JAMA* 2002;287:3103-9).

Report shows how patients benefit from taking part in clinical trials: A new report showing how patients who take part in clinical trials have better outcomes than similar patients who do not participate, was published by the BMA this week. The report, which is aimed at healthcare professionals, is accessible on the BMA's website (www.bma.org.uk).

New England Journal loosens its rules on conflict of interest

Scott Gottlieb *New York*

The *New England Journal of Medicine* is relaxing its longstanding rules on conflict of interest so that it can publish evaluations of new drugs by researchers with financial ties to the manufacturers because it cannot find enough experts without financial ties to drug companies.

In an editorial, the journal's editors say the change means its readership will be better and more promptly informed about drugs that are just coming on the market and have been studied only in trials funded by industry. Editors concede there is a risk that the objectivity of authors may be compromised, but say that otherwise doctors might have to rely on pharmaceutical companies for information about new treatments (*New England Journal of Medicine* 2002;346:1901-2).

From 1990 until now, the journal's rule was that nobody who wrote a review article or editorial could have any financial interest in a company that made a product discussed by the article, or in any of its competitors. Under the new policy, the journal will prohibit researchers from evaluating drugs for publication only if they have "significant" financial interests in manufacturers of the products, or their competitors.

The new policy pertains only to review articles and editorials. Researchers with company ties have always been permitted to present original data as long as their financial connections are disclosed.

The journal defines a significant financial interest as holding company stock, stock options, or patent positions, or having received more than \$10 000 (£6800; €10 600) from the manufacturer in the two years before the review's publication.

Lesser financial ties, such as ownership of publicly traded mutual funds or honorariums for educational lectures sponsored by drug companies, "may be appropriately viewed as minor and unlikely to influence an author's judgment," said the editorial, jointly signed by the editor, Jeffrey Drazen, and the executive editor, Gregory Curfman. Such ties will be disclosed to readers.

The change in policy was criticised by Dr Sidney Wolfe, the director of the Public Citizen Health Research Group, one of the country's largest medical consumer groups. He said: "If a doctor is doing that kind of business [evaluating drugs] with four or five companies, he or she can get as much [as] \$40- to 50,000 a

year and not violate the new *New England Journal* policy.

"The bias introduced by drug companies paying writers of review articles a large amount of money can have the consequence of slanting articles and influencing physicians in a way that isn't really in the best interests of their patients," he added.

But Dr Drazen defended the loosening of ethics rules, arguing that in the two years that he has run the journal he has been able to commission and publish only one review article about a new drug. He called that a disservice to readers as well as to contributors. □



Dr Jeffrey Drazen said the changes would mean doctors were better informed

Breast is still best even when HIV prevalence is high, experts say

Roger Dobson *Abergavenny*

Child health specialists have urged governments and agencies not to provide free formula milk in programmes aimed at preventing mother to child HIV transmission. They say that although formula may seem to be a good idea, the consequences can be damaging.

"Free formula milk may appear to be a blessing, but while potentially decreasing the rate of postnatal transmission, it is very likely to increase morbidity and

mortality from other infectious diseases, thus decreasing overall child survival," say the specialists from the University of Natal and the Child Health Group of the Africa Centre for Population Studies and Reproductive Health in a report (*Health Policy and Planning* 2002;17:154-60).

They say that public health policy must promote child survival for the entire population, not a selected group of children.

The report continues: "The overwhelming majority of babies born to HIV infected women and all babies born to uninfected women will benefit from exclusive breastfeeding for about six months. Therefore, even in areas of high HIV prevalence, we believe it is more appropriate to promote exclusive breastfeeding as public health policy, and

counsel individual women on infant feedings choices, rather than implement and support superficially attractive measures that offer free replacement feeds, but with potentially disastrous consequences for maternal and child health."

The report, which says that about 200 000 to 350 000 infants are infected by HIV each year through breast feeding, also points to estimates from Unicef that 1.5 million non-HIV related deaths a year could be prevented globally through breast feeding.

It also says that an analysis by the World Health Organization has shown that infants who are not breast fed and who receive formula or other replacement feed have a sixfold increased risk of dying in the first two months of life. □